Neshoba County School District
Pre-K Program Registration
For 2022 – 2023 School Year

The Pre-Kindergarten Program is located at the Neshoba County School District, Office of Federal Programs/Pre-K building at 1125 Golf Course Road. Students are screened for enrollment by a pre-kindergarten test. The program is designed to serve those children with the most academic/ developmental needs, and will be 4 years old on or before September 1, 2022. The classes will begin and end to coincide with the regular school term at Neshoba County Schools. Participating students' parents will be required to provide transportation to and from the center. As other students in the school district, pre-k students will be offered breakfasts and lunches by the Neshoba County School District Food Services.

**Registration and testing will be conducted from 8:30 am – 2:00 pm, on May 23 – 25. We ask that one parent attend with the child being tested. Notification letters will be mailed by June 3, 2022, to all who registered/ tested.**

**To register a child for the pre-k program, guardians must provide the following documents:**

A. Two (2) of the following proofs of residency:
   1. **IF RENTING/LEASING:** Current **notarized official** home/apartment lease/rental agreement with length of lease and Parent's or Guardian's name included on lease/rental agreement **(THIS MUST BE ONE OF THE PROOFS IF LEASING OR RENTING and one of the following #3-#6)**
   2. Filed Homestead Exemption application form **OR** current mortgage document or property deed
   3. Valid driver's license **OR** voter identification card
   4. Current utility bill (dated within 60 days) showing the service location with parent's or guardian's name listed (acceptable bills: electricity, gas, water, or landline telephone)
   5. Automobile registration receipt
   6. Any other document that will objectively and unequivocally establish that the parent or guardian resides within the school district, and in the case of a student living with a legal guardian who is a bona fide resident of the school district. (Official government documentation – i.e. current tax year return, social security statement, DHS statement, etc.)

**B. *Property Tax Card*, *Property Deed,* or other document that states the residency property's Section, Township, and Range.**

C. The child's certified birth certificate from Mississippi State Department of Health Vital Records (601-206-8200) (child must be 4 years of age on or before September 1, 2022),
D. The child's social security card,
E. The child's MS certificate of immunization compliance form (Form no. 121) checked and signed, (To access Form 121 online, see attached flyer)
F. CDIB (if applicable).

# MyIRmobile.com

Easy, one-stop access to immunization records and Form 121s for you and your family

- Find out if your child needs immunizations that are required for school entry.
- The immunization record will indicate if immunizations are needed so you can contact your provider to set up an appointment.
- If your child is up-to-date on all immunizations, print out or save/download a certified copy of Form 121 required for school registration.
- Supported by Chrome/Firefox/Edge/Safari web browsers.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Create an Account

1. Go to www.myirmobile.com
2. Select **Register**
3. Select **Mississippi**
4. Enter your first name, last name, a valid email and create a password
5. Select **Sign Up**
6. Verify your account by phone or email

MyIR

## Find Your Records

1. Select **Find My Records**
2. Fill out the required personal information
3. Select **Continue**
4. If there is a match with the immunization registry (MIIX), select **Take Me to My Account** to see your immunization records, immunization needs, and to download a Form 121

## No Match/Other Questions

1. Click on the green chat box or;
2. Contact your provider or local Health Department or;
3. Contact the Mississippi State Department of Health Office of Immunizations at 601-576-7751

Help/FAQ: www.MyIRmobile.com/help or HealthyMS.com/myIRhelp
More detailed instructions: www.HealthyMS.com/MyIR

MISSISSIPPI
STATE DEPARTMENT OF HEALTH

# Neshoba Central Elementary School

Student Enrollment Form 2022-2023

Enrollment Date: _____

**Student Information** **Homeroom:**

Grade: _____ Previous Grade: _____ **Transportation: a.m.** _____ **p.m.** _____

Last Name: _____ First: _____ Middle: _____

Suffix: _____ Preferred Name: _____

Social Security Number:_____ Tribal Number: (If applicable) _____

Gender: _____ Check all races that apply: White ____ Black ____His ____ NA ____ AS ____ PI ____

Birthdate: _____ Physical Address: _____

_____

Phone Number: _____

Birth City: _____Birth State: _____ Birth County: _____

Township: _____ Range: _____ Section: _____

Name of Last School Attended: _____

Address of previous school if not Neshoba Central: _____

Who does the child reside with: ____ mother ____ father ____ other (list relationship) _____

**** If not mother or father we must be provided with guardianship documentation. Guardianship papers must include a judge's signature.***

| Mother/ Guardian's Name: _____ | Father/ Guardian's Name: _____ |
|---|---|
| Address _____ | Address _____ |
| _____ | _____ |
| Home Phone _____ | Home Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Mother's Employer _____ | Father's Employer _____ |
| Work Phone Number _____ | Work Phone Number _____ |
| Military Affiliation: | Military Affiliation: |
| None ( ) Active Duty ( ) National Guard ( ) | None ( ) Active Duty ( ) National Guard ( ) |

Are you eligible for SNAP (formerly Food Stamps), TANF, FDPIR benefits, or WIC? Yes/No

Did your child receive early intervention services from the Health Department (Speech/OT/PT)? Yes/No

Has student ever been enrolled in a Head Start Program? Yes/No If yes, please list. _____

Has student ever been enrolled in a daycare program? Yes/No If yes, please list. _____

Has student ever attended Neshoba Central? Yes/No If yes, when? _____

Has student ever been enrolled in: **Special Education?** Yes/ No **Speech?** Yes/ No

List names and relationships (other than listed above) of persons allowed to check out your child or to act on your behalf in the event you can't be reached. **A photo ID is required when your child is released.**

1. _____Relationship_____ph#_____
2. _____Relationship_____ph#_____
3. _____Relationship_____ph#_____
4. _____Relationship_____ph#_____

List names of brothers and sisters enrolled at Neshoba Central:

| Name | Relationship | Grade |
|---|---|---|
| 1. | Brother or Sister | |
| 2. | Brother or Sister | |
| 3. | Brother or Sister | |
| 4. | Brother or Sister | |

# Neshoba Central School District
# Residency Registration Checklist 2022 - 2023

Student Name: _____ Grade: _____

Custodial Parent/Legal Guardian: _____

Custodial Parent/Legal Guardian Address: _____

Custodial Parent/Legal Guardian Phone: _____

According to the Neshoba County School Board policy JBC:
*The parent(s) or legal guardian(s) of a student seeking to enroll must provide this school district with at least two of the items numbered 1 through 5 below as verification of their address. NO post office box as an address will be accepted. Every school year, the parent or legal guardian must submit two (2) current proofs of residency in the Neshoba County School District.*

The two (2) proofs of residency MUST BE two of the following:

_____ 1. **IF RENTING/LEASING:** Current **notarized official** home/apartment lease/rental agreement with length of lease and Parent's or Guardian's name included on lease/rental agreement **(THIS MUST BE ONE OF THE PROOFS IF LEASING OR RENTING and one of the following #3-#6)**

_____ 2. Filed Homestead Exemption application form **OR** Current mortgage document or property deed

_____ 3. Valid driver's license **OR** voter identification card

_____ 4. Current utility bill (dated within 60 days) showing the service location with parent's or guardian's name listed - Acceptable bills: electricity, gas, water, or landline telephone

_____ 5. Automobile Registration receipt (tag receipt)

_____ 6. Any other document that will objectively and unequivocally establish that the parent or guardian resides within the school district, and in the case of a student living with a legal guardian who is a bona-fide resident of the school district. (Official government documentation - i.e. current tax year return, social security statement, DHS statement, etc.)

***NEW STUDENTS OR THOSE WITH CHANGE OF ADDRESS**

As one of the two (2) proofs of residency, the verified resident must provide copy of the Property Tax Card, Property Deed, or other document (May acquire from the Neshoba County Tax Assessor's office) that states the residency property's Section, Township, and Range.

*NOTE:

- Legal guardian(s) must also provide a copy of the court order appointing guardianship. If a petition for guardianship has been filed and the decree is pending, a certified copy of the filed petition for guardianship must be provided.
- ***If residency is questioned any time throughout the year, the parent/guardian will be required to reprove residency.***
- The parent or legal guardian of a NEW student to the district who cannot provide 2 proofs of residency due to circumstances beyond their control, may request a 30-day TEMPORARY admission to school from the Superintendent's office, which will allow them 30 days to become compliant with residency requirements. If 2 proofs of residency cannot be provided at the end of thirty days, the student will no longer be allowed to attend Neshoba County School District.

## Permission Agreement *Initial ALL you agree to:

_____ My child has permission to appear in web/ media publications (annual, brochure, newspaper, TV, etc.) when representing NCES.
_____ My child has permission to attend school sponsored field trips.
_____ I give permission for my child to participate in the school's health program and receive first aid care and health education from the school nurses.
_____ I give permission for screening of vision, hearing, scoliosis, dental health and general health.
_____ I understand that if false essential information is given above, it may result in immediate dismissal of my child from Neshoba Central School District.

Parent Signature: _____ Date: _____

School Official Signature: _____ Date: _____

# Parent Report—Self-help and Social-Emotional Scales

Child's Name _____ Child's Date of Birth _____ Today's Date _____

Parent's/Caregiver's Name _____

**Directions:** Read each item and circle the response or description that best reflects your child's skill level.

## SELF-HELP SKILLS

### A. Eating Skills

**1.** Does your child use a spoon?
If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

**2.** Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

**3.** Does your child hold a fork in his/her fingers, not in his/her fist?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

### B. Dressing Skills

**4.** Does your child put on his/her shoes?
**Criteria:** Buckling, tying, or Velcro® fastening is not required for credit.

| No | Yes (sometimes on wrong feet) | Yes (each shoe on correct foot 90% of the time) |
|---|---|---|

**5.** Does your child dress himself/herself unsupervised?

| Rarely/No | Sometimes | Most of the time, except for help with difficult fasteners |
|---|---|---|

| Yes (completely dresses himself/herself, putting all clothes on correctly and fastening all fasteners) | Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) |
|---|---|

**6.** Does your child put on his/her socks?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

### C. Toileting Skills

**7.** Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

**8.** Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

**9.** Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

**10.** Does your child attempt to wipe himself/herself after toileting?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

*OR*

Does your child wipe himself/herself independently after toileting?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

**11.** Does your child take care of his/her toileting needs?

| Rarely/No | Sometimes | Yes (flushing the toilet most of the time after using it) | Yes (flushing the toilet and washing and drying his/her hands most of the time) |
|---|---|---|---|

**12.** Does your child go to the bathroom on his/her own without being asked or reminded?

| Rarely/No | Sometimes | Most of the time |
|---|---|---|

# Parent Report—Self-help and Social-Emotional Scales *(continued)*

## SOCIAL AND EMOTIONAL SKILLS

### D. Relationships with Adults

| | | | |
|---|---|---|---|
| **13.** Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback? | Rarely/No | Sometimes | Most of the time |
| **14.** Does your child look forward to sharing his/her feelings with you when he/she is happy? | Rarely/No | Sometimes | Most of the time |
| **15.** Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend? | Rarely/No | Sometimes | Most of the time |
| **16.** Does your child share his/her thoughts and ideas with you? | Rarely/No | Sometimes | Most of the time |

### E. Play and Relationships with Peers

| | | |
|---|---|---|
| **17.** Does your child have several friends but one who is a special or best friend? | No | Yes |
| **18.** Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party? | No | Yes |

| | | | |
|---|---|---|---|
| **19.** Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball? | Rarely/No | Sometimes | Most of the time |
| **20.** Does your child give verbal directions or incorporate verbal directions into play activities? | Rarely/No | Sometimes | Most of the time |

### F. Motivation and Self-Confidence

| | | | |
|---|---|---|---|
| **21.** Does your child maintain interest when engaged in a small-group activity or project? | Rarely/No | Sometimes | Most of the time |
| **22.** Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age? | Rarely/No | Sometimes | Most of the time |
| **23.** Does your child approach new tasks with confidence and a "can-do" attitude? | Rarely/No | Sometimes | Most of the time |
| **24.** Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil? | Rarely/No | Sometimes | Most of the time |

### G. Prosocial Skills and Behaviors

| | | | |
|---|---|---|---|
| **25.** If supervised by an adult, does your child take turns without undue objection? | Rarely/No | Sometimes | Most of the time |
| **26.** Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to? | Rarely/No | Sometimes | Most of the time |
| **27.** Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom? | Rarely/No | Sometimes | Most of the time |
| **28.** Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset? | Rarely/No | Sometimes | Most of the time |

MISSISSIPPI DEPARTMENT OF EDUCATION
Ensuring a bright future for every child

# HOME LANGUAGE SURVEY

FOR K-12 SCHOOL DISTRICTS

## STUDENT INFORMATION

**Student Name** _____ **Grade** _____
*First* *Middle* *Last*

**Date of Birth** _____ **Gender** _____ **School** _____

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? ☐ Yes ☐ No
   If so, what language? _____
5. Does the parent/guardian need **translated** materials? ☐ Yes ☐ No
   If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
   *MM/YYYY*
7. In what country was the student born? _____

_____ _____
*Parent / Guardian Signature* *Date (MM/DD/YYYY)*

## DISTRICT USE ONLY

☐ Designated English Learner on the LAS Links Screener

| DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT | | | | | |
|---|---|---|---|---|---|
| *Date* | *Speaking Score* | *Listening Score* | *Reading Score* | *Writing Score* | *Composite Score* |
| | | | | | |
| | | | | | |

OMB Control No. 1810-0021 (Exp. 01/31/2024)

# ED 506 Form
## Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

**Tribal Membership**

The individual with Tribal membership is the (select only one): ○ child ○ child's parent ○ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ○ Federally Recognized Tribe
- ○ State Recognized Tribe
- ○ Terminated Tribe
- ○ Alaska Native
- ○ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ○ Membership or enrollment number establishing membership (if readily available) or
- ○ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

**For Parent/Guardians:**

**Definitions:**
Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

**NESHOBA COUNTY SCHOOL DISTRICT**
**Deirdre Manning, Director of Federal Programs/Pre-K Principal**
**Sheila Goss, Federal Programs Bookkeeper**
1125 Golf Course Road
Philadelphia, MS 39350
Phone: 601-656-4484
Fax: 601-650-9882

# Pre-Kindergarten Parental Agreement

I understand and agree that my child must be potty trained. I understand that my child will not receive assistance in the restroom.

I understand and agree that my child must be dropped off at the Pre-K building between 7:30 a.m. and 7:55 a.m. and must be picked up between 2:30 p.m. and 2:45 p.m. Failure to comply with these guidelines will result in my child being dropped from the program.

I understand and agree if my child does not reside in the Neshoba County School District that he or she will be immediately dropped from the program.

I understand that if my child has excessive tardies, early check-outs, and/or absences that he or she will be dropped from the program.

I give my permission for my child to be screened for placement in the Pre-K Program.

_____ _____

Guardian's Signature Date